

REGISTRATION OF PERSONAL FIREARMS

For use of this form, see Fort Knox Reg 210-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012.

PRINCIPAL PURPOSE: To permit the owner of a personal firearm, who resides on a military installation, to maintain the weapon on that installation and to record legitimate ownership of the weapon.

ROUTINE USE: Used for private identification.

DISCLOSURE: Voluntary. No rights or benefits are lost as a direct result of not providing the information.

1. NAME OF OWNER (Last, First, MI):		2. DOB:		3. SSN:		4. GRADE/RANK/STATUS:	
5. HEIGHT:		6. WEIGHT:		7. EYE COLOR:		8. HAIR COLOR:	
9. ORGANIZATION:							
10. E-MAIL ADDRESS:			11. WORK PHONE NUMBER: (Coml & DSN)			12. FAX NUMBER:	
13. HOME ADDRESS:						14. HOME PHONE NUMBER:	

15. I understand that personal firearms must be properly registered within 3 duty days, in person, in the Office of the Provost Marshal. Their possession on post or in quarters without such registration is unauthorized and any changes in this information must be reported within 3 duty days to the Office of the Provost Marshal. I have read and understand the Post Regulations governing firearms. Requirements of local, state, and Federal laws governing registration of private weapons have been accomplished.

Signature of Owner _____ Date _____

16. I verify all information on the below listed weapon(s) is correct and accurate. None of the weapon(s) are prohibited by Fort Knox Regulation 210-1 and are not automatic or semi-automatic assault weapons.

Signature of Commander _____ Date _____

NOTE: Upon signature, Commanders will retain bottom copy for unit files. Soldier will now proceed to the Provost Marshal's Office to register the weapon(s).

THE ORIGINAL OF THIS REGISTRATION WILL BE RETAINED BY THE OWNER AND IS NOT TRANSFERABLE.

DESCRIPTION OF FIREARMS AND STORAGE

[illegible]